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## RESEARCH

### O cotidiano de familiares de pacientes internados na uti: um estudo com as representações sociais

The daily life of relatives of patients admitted in icu: a study with social representations

La vida cotidiana de familiares de pacientes internados en la uci: un estudio con representaciones sociales

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### ABSTRACT

**Objective:** identifying which social representations of family members of patients admitted to the Intensive Care Unit (ICU) about the ICU and the hospitalization process and analyzing the implications of these for their everyday life. **Method:** this was a qualitative study based on the Theory of Social Representations. **Results:** the Statements of the relatives were synthesized in four themes: the perception of family members with respect to ICU; the family of the suffering of daily life; the "technological shock"; Religiosity: Hope of Salvation. **Conclusion:** through all the above was possible to observe the importance of looking for ways to understand and respond more humanized and warmly family lying in a hospital setting. **Descriptors:** Intensive care units, Caregivers, Nursing care.

### RESUMO

**Objetivo:** identificar quais as representações sociais de familiares de pacientes internados na Unidade de Terapia Intensiva (UTI) sobre a UTI e o processo de internação, assim como analisar as implicações destas para o seu cotidiano. **Método:** trata-se de uma pesquisa qualitativa baseada na Teoria das Representações Sociais. **Resultados:** os depoimentos dos familiares foram sintetizados em quatro temas: A percepção dos familiares com relação a UTI; O cotidiano de sofrimento do familiar; O "Choque Tecnológico"; Religiosidade: Esperança de Salvação. **Conclusão:** através de todo o exposto foi possível observar a importância de se buscar meios de compreender e atender de forma mais humanizada e acolhedora o familiar que se encontra em âmbito hospitalar. **Descritores:** Unidades de terapia intensiva, Cuidadores, Cuidados de enfermagem.

### RESUMEN

**Objetivo:** identificar cuales son las representaciones sociales de los familiares de los pacientes ingresados en la Unidad de Cuidados Intensivos (UCI) en la UCI y el proceso de hospitalización y analizar las implicaciones de éstos para su vida diaria. **Método:** se realizó un estudio cualitativo basado en la Teoría de las Representaciones Sociales. **Resultados:** las declaraciones de los familiares fueron sintetizados en cuatro temas: La percepción de los miembros de la familia con respecto a la unidad de cuidados intensivos; La percepción de la familia de los sufrimientos de la vida cotidiana; El "shock tecnológico"; Religiosidad: Salvación Esperanza. **Conclusión:** a través de todo lo anterior fue posible observar la importancia de buscar la manera de entender y responder de forma más humana y acogedora el familiar en el hospital. **Descriptores:** Las unidades de cuidados intensivos; Los cuidadores, Cuidados de enfermería.

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## INTRODUCTION

**T**he Intensive Care Unit (ICU) is a complex unit of hospital care meant care of critically ill patients who require medical care and uninterrupted nursing and advanced technological instruments that are able to provide a greater chance of survival for patients.<sup>1</sup>

For many family members the ICU is still a scary place, which refers fear and suffering as a strange environment and unaware of the usefulness of the various equipments that are engaged in their loved one, and also for bringing, from antiquity to stigmatized idea imminent death of all of them that are admitted.<sup>2</sup>

Through the process of hospitalization of a family member is the fragmentation of family ties, which leads the patient and his family members to experience profound changes in their daily lives, as they have to live away from the presence of their loved one, as well as with adoption of negative feelings such as anxiety, suffering and hopelessness and other.<sup>3</sup>

The family is part of the care process and must also receive the attention and support of health professionals since become motivators and participants from across the patient's evolution, when well targeted.<sup>4</sup> This requires that these professionals understand the meaning admission to an ICU in another perspective, and the implications in life and in the family everyday that this causes, thus promoting strategies aimed at better family hosting the intensive environment and the paradigm shift that it provides.

In 2005 there was instituted by the Ministry of Health in the National Critical Patient policy, centered care family, which seeks to meet the family and ICU patients, recognizing the importance of humanized care to patients and families, determining that the ICU should offer three daily visits planned for the family, which is the minimum number of visits, which is also the number of medical reports to provide information regarding the patient's condition.<sup>5</sup>

The social representation is a set of concepts, hypotheses and explanations created in the course of daily life and interpersonal interaction, seen in today's society, such as the belief systems of traditional society, myths, or as the modern version of common sense.<sup>6,7</sup> In this context, the social representations, help us to better explain existing phenomena in psychosocial universe of subjects, as well as their practices to the care of oneself and the other, since they provide a common knowledge about a particular fact.

The questioning of this study can be summed up as follows: "How the family feels, understands and is organized before the hospitalization of a relative in the ICU?" For purposes of accessing the common sense of family knowledge that have an admitted being in the ICU,

aiming to identify the social representations of family members of patients in the ICU of the University Hospital João de Barros Barreto (HUJBB) on the ICU and the admission process as well as analyze the implications of these for their daily life, achieving these objectives will contribute to fill gaps on the perception of relatives in intensive environment.

## METHOD

It is a descriptive research with a qualitative approach. To interpret and analyze the reports presented here of the family we used the Social Representation Theory is a way to interpret and think the reality of day-to-day, which enables the theoretical knowledge indicators on how to reflect and act of family facing the hospitalization of a relative in the ICU.<sup>8</sup>

The study subjects were 40 relatives of patients admitted in the ICU of HUJBB located in the capital of Belem in Para State, Brazil, from 11<sup>st</sup> to 29<sup>th</sup> November, 2014, which indicated their willingness and interest in participating in the study after the knowledge of research objectives and signed the free and informed consent.

Data were collected through semi structured interviews guided by a script composed of the following questions: "For you that means ICU? How he feels to see his family admitted in the ICU? How is your day-to-day after the hospitalization of your family?" Among others, and participant observation, performed at the time of the interviews, they took place in the living room, where family members waiting to visit the ICU, the analysis of material collected was used the content analysis technique and the products of this analysis were interpreted by perspective of the theory of social representations.

The adopted content analysis technique is divided into the following steps: 1 - Pre-analysis: is the first contact with the content to be analyzed, favoring the organization of the material and reading the interviews so that there is saturation of the ideas that emerge. At this stage, they resume the initial objectives, reformulating or operationalizing them against the material collected; 2 - Material Exploration: consists mainly in the encoding operation, this is done by transforming the raw data in order to achieve the core understanding of the text; and finally 3 - Treatment of results: inference and interpretation.<sup>9</sup>

Subsequently, it selects the counting rules that allows quantification. Finally, ranks and gather data choosing the theoretical or empirical sets that commanded the specification of subjects. It proceeded to the survey of the most significant themes from the accounts of family members, corresponding to the texts produced. Then we started to translate each statement in a speech prepared, in short, it is believed to express the social representations of family.



After exhaustive reading of the texts produced, the units of analysis were grouped created and submitted to an exploration to better understand the object of the research by content deemed most significant in each text in order to consolidate into four units. So called: The perception of family members with respect to ICU; The family of the suffering of daily life; The "technological shock"; and Religiosity: Hope for salvation. For the study subjects, anonymity and their names were suppressed by the "participant" code plus a numbering that has been retained.

The research was accepted by the Ethics Committee on Human Research of the University Hospital São João de Barros Barreto having as number 867.598, it respects the provisions of Resolution 466/12/NHC/MOH, which establishes the standards for research involving human beings, it incorporates the perspective of the individual and communities, the principles of bioethics and aims to ensure the rights and duties with respect to research participants, the scientific community and the state.

## RESULTS AND DISCUSSION

The results presented and discussed here are based on the speech of 40 families, being predominantly women (75%), Catholics (65%), with high school (35%). The age range was 18-75 years old. Regarding the relationship with the hospital one, most had ties of consanguinity (87,5%) and were brothers, mothers, fathers, children, cousins, grandchildren, uncles and nephews, and others (12,5%) wives, daughters and in-laws. A hospitalized family of stay average was 17 days.

It is worth mentioning that as routine collaborating institution of this research, the entry of family members in hospital occurs five minutes before starting to visit the family in the ICU, which has two daily schedules, 11 and 16 hours. Family members awaiting the time to come, as the approval of a member of the previously scaled nursing staff is allowed to enter a maximum of two subjects per patient, with the entry of these alternating, ie one at a time, getting each side of the bed for 30 minutes if the patient receives only one visit, you can stay until the end of the visit by adding one hour at the bedside.

We note that during this short time the family shared with their loved many of them prayed for their improvements, talking to him, telling all the events taking place in his home and with his family during his absence, as a way to keep them updated even in an induced coma, others sought some professional for withdrawing doubts about the equipment that was installed and the sounds that they issue, while others remained silent just watching, in the presence of emotional shock and crying, psychologist or social worker intervnia to provide necessary support to that family.

### Unity 1: The perception of family members with respect to ICU

Faced with a family member in a strange environment, as it is an ICU, will an initiation numerous feelings in other family members, especially the fear of loss, death. The feelings that arise at times present contradictory and are mostly associated with the idea of death as evidenced by 80% of respondents and the other 20% as a related service site offering greater security for the recovery of health.

According to research it is common for families relate to the ICU with the approach of death, as in the popular imagination there is stigmatized idea that the person is admitted to the ICU be between life and death, with great possibility a trip of no return,<sup>10</sup> this fact evidenced in the statements below.

*"[...] ICU is a serious case [...] the person is already thinking the worst [...] I associate with death." (Participant 4)*

*"ICU is a sector that comes to people who are in a serious condition, very serious, it is not. There is a fear that comes to mind us, at least that is what we are living here [...] I had in my mind it was a serious case, much as he had left, but most do not have." (Participant 27)*

To support this difficult situation experienced, the family needs guidance, and the visit is the time that health staff should contact the patient's family and can provide information and identify the emotional condition of the family. The disease state with a probability of imminent death in the family makes the family realize its weakness and helplessness under the circumstances imposed by life, especially at this time, feelings of hopelessness, guilt, anxiety, uncertainty and even anger.<sup>11</sup>

By analyzing the testimony of the family, together with the authors of positions you can see how difficult it is to have a loved one in the ICU; thus, underlining the importance of the role of health professionals in the attention and care of these families. Among them it was also possible to highlight the perception of the ICU as a place for recovery, which are reflected in ideas that refer to caring, connected to the classical idea of doing something in terms of an intervention.

*"[...] there people have a closer medical care, more intensive, more regular so to speak, with a sense of improvement." (Participant 19)*

*"People talk about death, most for me is a place of recovery, it is not how people talk, that whoever goes there will die, depends on the case is not it? Dies only when it is very serious, is not he." (Participant 13)*

Understanding the ICU is necessary both for the patient and for his family, as this facilitated the process of overcoming the disease and the stigma created by society regarding the same. Within the health sector cannot speak in care without highlighting humanization, that is, become human,<sup>12</sup> care in an ICU represents the balance between the technical and human care that should be every professional, which is today a measure that seeks to rescue

the respect for human life on several occasions, which will result in a more appropriate and humanized care in intensive environment.<sup>13</sup>

Thus, we understand that the essence of nursing is care, as well as the establishment of some contradictions and flaws in the job routine, getting in the meantime the family, as this is not understood as part of the care process, by that is possible say, only when the interaction of family and nursing staff through an appropriate host, insecurity can be transformed into security.<sup>14</sup>

So, considering that social representations provide recognizing the practice of a particular group, it allows the nurses to perform more effective and efficient interventions in the practice of collective and individual care to be, which is possible when there is respect for the unique characteristics of each business segment, and thus can prevent, major health problems and improve the quality of life of those.<sup>15</sup>

## Unity 2: The everyday family suffering

Daily life is something that happens every day, ie, a set of actions taken every day and which constitute a routine.<sup>16</sup> Processes like illness and hospitalization of a loved one cause great impact on the family situation, it represents a series of changes the family routine. To experience situations like this, the family is faced with numerous demands that are arising from the hospitalization process, lacking this way to support others to get stronger and to cope with the feelings that arise during the period in which their relative is hospitalized, as evidenced in the following report:

*"Sad Well, because just got it brother and it's kind of hard to live so long away from him, I fought and stuff, but always united, always defended the other, and suddenly see him in a state that, fragile, seems that (pause of a few seconds) is being very distressing. (Sigh) I cannot explain you." (Participant 22)*

The moment the family pass during hospitalization of a loved one in the ICU requires them adaptations to changes in their daily routine.<sup>17</sup> In the following lines we observe the difficulty compared to the current moment lived, to fulfill their commitments satisfactorily.

*"I'm not feeling well, my day to day life is not being normal (Pause) today I tried to work normal and could not (pause) or work, or eat or sleep properly, the world changed for me. I'm sad, anxious." (Participant 33)*

*"My routine is (pause) I cannot feed myself, doing nothing, not working [...] all that is shaking so much, I am eager to come here. I wish I could be near her all day and not only in visiting hours, because I do not know yet how long I will have with it being difficult, seeing everything she is experiencing (crying) is very difficult to have the strength to overcome and have faith." (Participant 39)*

According to the portrayed above, the family, to experience the agony of a probable loss by its member recovery of uncertainty, and because of the suffering of it, experience the

anticipation of loss, which is extremely disturbing and painful, and for these reasons this considered a very difficult and distressing process.<sup>18</sup>

There are observed also in the interviews, which took place several changes in their daily lives from the family's stay in the ICU, these because they lack the proper time to adapt, contribute to the physical and mental strain, being evidenced by the very placement of research subjects, including: crying, eating disorders, sleep and depression.

Social representations in this context recognize the value of the subjective dimension, the feelings of an individual, which according to this perspective interfere in the social practices of their daily lives, as well as the attitudes and behaviors relating to representation object, which is the admission of a relative in the ICU. This situation is evidenced in the above lines where the family had their daily activities disrupted/ decreased, thereby directly affecting the lifestyle of each.<sup>19</sup>

To better understand these feelings and daily changes triggered by the hospitalization of a loved one in the ICU, two subunits have been developed, these being: feelings when seeing a loved one in the ICU bed and discomforts of the ICU everyday.

#### **Subunity 1: Feelings when seeing a loved one in the ICU bed**

The stemmed feelings of hospitalization and the loved one in ICU stay among family members were predominantly negative feelings, which accounted for 90%, which were represented in the statements such as feelings of sadness, helplessness, discomfort, fear, anxiety and worry.

Such feelings most often are stemmed by the ICU, since this is considered a very difficult time, that lodges and interferes in the family balance. This is a time marked by suffering and mobilizing different feelings as reported by the family of this study.<sup>20</sup>

*"[...] hey it was difficult, it is sad to see him in that condition, I do not know if talking or playing, it is very bad." (Participant 1)*

*"I feel terrible, I am very sad, always when I leave here, I'm very upset, me of insecurity, it seems there any time I will lose it [...]" (Participant 9)*

In the statements above it can be seen that sadness situation, uncertainty and imminent risk of death become distressing, it is possible to note some level of distress and hopelessness, for somehow understand the seriousness of it is in your family and not you can do anything to help you.

The family puts their expectations in the health professional and expect it to help them understand the difficult times by which they are going through, being accompanied by feelings and thoughts in their most often negative.<sup>14</sup> At this point it is important to clarify the doubts by family part of the multidisciplinary team as it will provide greater peace of mind to family and greater control of emotions.<sup>21</sup>

*"I was there and was thinking I had to get out already, but getting out is horrible because you will leave the person there, leaving the ICU is horrible, I felt that now, as well, and see that the person does not move, but are breathing [...] was harrowing, it was awful*



*out because you want to do something, but you are overwhelmed by a sense of powerlessness and unfortunately the only thing you can do is pray." (Participant 25)*

In this statement it shows that the subject did not want to move away from the ICU, to leave that place was too hard for him, reaffirming the desire to stay close to your loved one, as it is not possible to stay in the ICU. Inferring that his life has changed, and live according to the hospitalized family to accommodate the family expressing feelings in an appropriate manner, it is necessary that the nursing staff demonstrate empathy and sees fully, having relationships of care for each other so as not to trivialize their suffering.<sup>20</sup> The same should understand how this of illness and hospitalization process is difficult for the family, and can even take you to illness.<sup>22</sup>

In another perspective, because of the focus of care in intensive care is the patient, the needs of the family are disregarded by some members of the health team, especially the nursing staff, which is the one that is closest to the customer. In this context care, the field of health seek recovery concepts and humanizing practices.<sup>23</sup> Thus the establishment of links between the nursing staff and the family is a way to reduce social isolation that hospitalization hospitalize behind you and also assists in psychosocial restructuring of the family and from the family of vulnerability identification, you can systematize nursing care for him, and so promote fundamental changes to its strengthening.

#### **Subunity 2: Discomforts of the ICU everyday**

The hospitalization of a loved one in the ICU often generates discomfort in the everyday life of their families, in that often occur abruptly, not allowing some adaptation by family members. Before 75% of family interview reported living difficult moments, stemmed admission of his family in the ICU, these moments were understood as changes and physical, psychological and social difficulties, they were considered as threats to psychosocial integrity of the family, because often interfere with the ability of relationship to the world, to organize and cope with the situation.

*"Before my life was normal, I went out, walking, going to church, visiting friends, working now changed everything, now I almost do not talk, I like to listen to a lot of music, do not listen anymore, I do not feel anything, hits a sadness (pause), just do not let go to church, just that. At home I live in a nervous, just cry, I have no joy for anything, not to go out." (Participant 15)*

*"It's been very complicated to have to reconcile visitation with work, or else you end up leaving to do something in your work, or do someone else to come here, but we cannot fail to have ever seen is not even more when mother." (Participant 20)*

In one of the statements above you can see the discomfort expressed the impossibility of continuing personal and family life as they did before the arrival of their loved one in the ICU. The emotional weakness that comes after hospital admission, can leave the family moved easily, which makes the lack of their loved one painful day-to-day. Through this we see the

disintegration of the visiting family life routine, as the attention of this is the risk the lives of their hospitalized family and their recovery, calling this the adequacy of their social and professional life so he could be close to his relative and monitor the progression of the disease more adequately.<sup>23,24</sup>

It is also observed workload institution in personal family life due to necessary adjustments to visit their loved one without even having availability to meet in full its commitments, so there is prejudice in their responsibilities. With this it is clear the difficulty they have in reconciling the daily routine with the admission process.<sup>18</sup>

The occurrence of changes and or interruption in social and professional life is given by the need to meet the demands of hospitalization of the family, thus affecting, even temporarily their work routines, study and leisure, as some of those living far from the hospital and even in other states as the testimony below.

*"Before it was, I would get up in the morning, I arranged my house. Nine hours to leave the service when it was six hours, returning from service, was showering and sleeping, so there Roraima. Now everything has changed, my routine changed all is hospital, hospital, hospital, no other. Sometimes I leave to eat to stay beside her, this way I do not have the right to food is not only that. Then thank God I met someone very nice, who took me to her house, it is not more depending on others is difficult, as I am not from Pará." (Participant 14)*

*"It's been difficult, I do not live here, I live far away, there is a 6-hour drive from here, I have children who are there waiting for me, away from me, so being difficult, you are in a city away home and relatives. Treat me well, is more difficult locomotion is difficult to be in a place where it is not our's hard, being in the hospital is even harder." (Participant 16)*

The family, due to home distance, experiences various discomforts, lives the conflict between the need to be at home and in the hospital, the hospital routine incorporates the family life that experiences in different ways, a shutdown of its day-to-day, leaving the background everyday worries, all this creates an emotional crisis and affects the whole family group.<sup>24</sup>

The difficulties faced by families in everyday life may not always be minimized by the help of health professionals; however it is important to such professionals treat the relatives of patients admitted there, as worthy of care subjects, placing them in the care plan by procuring their host, offering information, emotional support and safety and quality assurance in the care of the hospitalized member,<sup>25</sup> thereby creating a relationship of trust and respect between staff and family.

In short believe that the best health care professional for the family is one that welcomes and provides clarification of the situation where the patient is, without hiding any information, using clear words and when necessary kind, in order to provide the reduction of discomfort and emotional burden experienced by the family, as well as a better interaction between those involved.<sup>13</sup>

### Unity 3: "Technological shock" (Technological Care)

During the testimony provided at the interview 77,5% reported having a shock to the encounter so many devices connected to their family, and 22,5% reported emotional shock to witness the bodily changes during the process of admission of their family in the ICU.

*"Oh, a very big impact, because then you're used to seeing her friend in a way, then suddenly you enter an ICU and you see it all intubated, you talking to her and she did not answer, is (pause) you immediately think the worst (crying)." (Participant 10)*

*"It's sad is not it, because then have that impact, when you get there and see the person full set and" pi pi pi "(Alert mechanical respirator and others) understand? Then that first impact it's scary." (Participant 23)*

*"The first time I saw her here in the ICU was a shock, the nurse even got me out, I felt bad, I cried a lot, could not stand seeing her in this situation had an impact when I saw both device on top of it and the apparatus noise." (Participant 38)*

The ICU environment is assessed as highly stressful both for patients and their families, and the healthcare team working on this unit.<sup>17</sup> This fact is evidenced by the presence of numerous noise in the ICU, resulting from the use of differentiated and advanced devices, which trigger alarms at any moment due to the instability and severity of patients seen there as well with the touch phones and dialogue among professionals.<sup>26</sup>

Existing technology in the ICU is needed to better care inpatient as well as contributes to the intensive dynamics.<sup>22</sup> However, the family members are not prepared to see her sedated and with so many equipment.<sup>12</sup> Accordingly family are impacted when faced with such a scene, anguish over and out desperate and tearful, without receiving, in most cases, even one explanation or consolation from the multidisciplinary team.

Another factor that has a major impact on the lives of family visitors are the bodily changes in their loved during the hospital stay in the ICU, such as generalized edema and / or loss of body mass, since they are accustomed to witness their loved one with another appearance. In the following lines verbal expressions were found showing that the bodily changes of the patient in the ICU causes astonishment and call the attention of the family at the time of the visit, which are described as difficulty and sadness.

*"Oh, I felt very badly scorched, it does not seem the same person, why he is so skinny, is not, and that shook me a lot, it was very hard to see him like that." (Participant 5)*

*"Makes you want to cry because we feel very sad, to see the family people, a mother all intubated, it is very sad. Then when we see and come close to the bed and see it all intubated, all swollen as she is, it's very sad." (Participant 29)*

*"[...] I feel very sad, I do not want her to have there, my mother was like that; she is very swollen." (Participant 30)*

*"It's very sad because more and more it is swelling her kidney to, I think it is not reacting and increasingly is very sad to see her, increasingly swelling the hands, legs, my*



*mother every time I come to see she goes out weeping there, why it is very sad to see."*  
(Participant 24)

Considering it to be a time of tough confrontation, it is important that the doubts of the family are clarified concerning the patient's clinical condition and the treatment he is receiving,<sup>22</sup> so thus their fears and anxieties are lessened or even eliminated. To inform the family certain peculiarities of the work process in the ICU, as routines and purpose of the equipment, must consider the cultural significance attributed by the family to this unit.<sup>12</sup>

Understanding the ICU is a necessary factor for both the patient and his family as it provides a better overcoming the disease. In this context, the social representations allow the subject to become aware of his thoughts and attitudes, leading him to accumulate conflicts and find a way to become what it is unknown into something familiar.<sup>12,27</sup> Thus, it is appropriate to point out that the nurse establish better care to critical patients is essential that he keep a good contact and good communication with family.

#### Unity 4: Religiosity: Hope of Salvation

Religion is defined as a belief in the supernatural or divine force that has power over the universe.<sup>28</sup> This may be present in moments like hospitalization in an ICU against the fear of the unknown and the outcome. During the interviews lines there were highlighted expressing positive feelings such as hope of improvement and acceptance of the framework resulting from the perception of improvement of their relative, of faith and hope in God, a percentage of 52.5%.

*"Today I felt better because now he is speaking, he tries to talk is not, he takes my hand, he gives me a kiss on the forehead, it's very different, he is now much better, before I felt horrible [...]"* (Participant 11)

*"[...] I am sad on one hand, because I cannot talk to him, he did not look at me, but I trust up there, because God can do everything, and he will take my son there."* (Participant 18 )

Religiosity in this sad context appears as a way of coping suffering, where family to lean on their religion and/or beliefs, obtained forces to meet the admission process. Attachment to spirituality is closely associated with the need not to lose hope and to keep waiting for a miracle.<sup>11</sup>

*"[...] What is at work in my life is faith in God, who is giving me calm, peace and hope that she get out renewed because as I told you, much to the ICU is the end, but for me, I can tell you, I'm seeing is the beginning of a new life [...]"* says a saying that hope is the last to die and I say hope, never will it die, I trust Lord, and he says that though he were dead, that you will live. So he has power to take even the person's deathbed, then, I trust in God [...]"  
(Participant 32)



*"ICU I think the person has're (pause) so come to me soon death, I think that only God can take that person there, because sometimes man does the best he can do, but who of the answer is God I trust in God and that his will be done..." (Participant 40)*

The statements demonstrated the search for God in support, expecting Him to control and resolve the situation. This attachment to the spiritual before the condition of having a loved one hospitalized in an ICU is often related to the need not lose hope. The anguish is transformed into positive thoughts, where faith in God gives strength and hope for salvation of his family, reversing the experienced pain situation.<sup>29</sup>

Often the family, to enter the ICU projects that no longer life expectancy for your loved one and just clinging to faith. The belief in a higher being and peace provides the necessary support for living with a serious illness or stressful situation resulting from the worsening of the disease,<sup>30</sup> as hospitalization in an ICU. For this reason, spirituality and religion are considered by many people as soothing agents that decrease stress and anxiety, and is considered medically as a way of coping with stress.<sup>31</sup>

Through social representations assigned to ICU by family members, one can understand that the patient hospitalized in such a unit is considered to be fragile, between life and death. The social support promoted by social representations as noted in the testimonies of family members increases the ability of them to bear their family admission process, as well as dealing with stress and suffering arising out of, thus changing the way they perceive and cope with such process, a fact observed in expressions of faith and hope represented during interviews.<sup>6</sup>

Given the above it is understood that the professionals working in the ICU need to rethink and analyze how they are caring for relatives of patients there are hospitalized, being aware that the act of caring is implied attention to the family's be careful, given these to be kept in ignorance of the ICU eventually strengthen and / or create new representations stigmatizing for this unit, which will be shared through the interaction of social groups.

## CONCLUSION

With this research it has been possible to observe the occurring disorders and changes in the lives of family members after admission of a family member in the ICU, where different feelings such as fear, anxiety, sadness, helplessness and hope here represented as faith, different were mixed situations in need of reason to resolve. During the research there were no complaints about the care of their hospitalized relatives, unlike recognized that it was getting good care, aimed at the recovery; however, this unknown environment, the large quantity of equipment, lack of clarification of doubts and the impossibility of full-time permanent side of the beloved's, caused them great fear and sadness.

Through all the above it was possible to see the need and the importance of seeking ways to understand and respond more humanized and warmly family who is in hospital environment, making it and the patient a single unit, for only through attitudes like these that we can understand the reality and the feelings they have, and thus provide the necessary support to these families.

Without claiming to exhaust the subject, we expect this study to contribute to the construction of knowledge and reflection of nursing and of all professionals in this sector on the representation of family members of ICU patients on the ICU and how these imply for care of themselves. The results also demonstrated the need for further studies to deepen and understanding of the social representations of family members of ICU patients, due to the lack of knowledge about the ICU and because of negative perceptions by them designed with respect to the intensive care unit.

## REFERENCES

1. BRASIL. Ministério da Saúde (BR). Lei 3.432, de 12 de agosto de 1998. Dispõe sobre critérios de classificação para as unidades de tratamento intensivo. Brasília: Ministério da Saúde; 1998.
2. Côa TF, Pettengill MAM. A experiência de vulnerabilidade da família da criança hospitalizada em Unidade de Cuidados Intensivos Pediátricos. Rev Esc Enferm USP [Online]. 2011 Aug [citado em 3 dez. 2014];45(4):825-32. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n4/v45n4a05.pdf>
3. Bettinelli LA, Erdmann AL. Internação em Unidade de Terapia Intensiva e a família: perspectivas do cuidado. Av Enferm. 2009 enero-junio; 17(1):15-21.

4. Bettinelli LA, Rosa J, Erdmann AL. Internação em Unidade de Terapia Intensiva: experiência de familiares. *Rev Gaúch Enferm.* 2007;28(3):377-84.
5. BRASIL. Ministério da Saúde (BR). Portaria n.1707, 4 de julho de 2005. Dispõe sobre a Política Nacional de Atenção ao Paciente Crítico. *Diário Oficial República* 2005 jul 8; 1:1.
6. Vasconcelos EV, Santana ME, Silva SED, Araújo JS, Conceição VM. Cancer in the social representations of caregivers: implications for care. *J res fundam care* [Online]. 2014 abr-jun [citado em 3 dez. 2014];6(2):474-84. Disponível em: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2997/pdf\\_1300](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2997/pdf_1300)
7. Moscovici S. On social representations. In: Fordas JP. *Social cognition: perspectives on everyday understanding*. London: Academia Press. 1981. p. 29-64.
8. Sêga RA. O conceito de representação social nas obras de Denise Jodelet e Serge Moscovici. *Porto Alegre, Anos 90*, nº. 13. Julho de 2000.
9. Bardin L. *Análise de Conteúdo*. Lisboa, Portugal; Edições 70, LDA, 2009.
10. Hayakawa LY, Marcon SS, Higarashi IH. Alterações familiares decorrentes da internação de um filho em uma unidade de terapia intensiva pediátrica. *Rev Gaúch Enferm.* 2009 jun;30(2):175-82.
11. Antunes F, Marcon SS, Oliveira ML. Sentimentos dos cuidadores de usuários de bebidas alcoólicas frente à internação. *Acta Paul Enferm.* 2013;26(6):581-85.
12. Beccaria LM, Ribeiro R, Souza GL, Scarpetti N, Contrin LM, Pereira RAM, et al. Visita em Unidades de Terapia Intensiva: concepção dos familiares quanto à humanização do atendimento. *Arq Ciênc Saúde.* 2008 abr-jun;15(2):65-9.
13. Alves EF. O Cuidador de Enfermagem e o Cuidar em Uma Unidade de Terapia Intensiva. *UNOPAR Cient Ciênc Biol Saúde.* 2013;15(2):115-22.
14. Silva FS, Santos I. Expectativas de familiares de clientes em UTI sobre o atendimento em saúde: estudo sociopoético. *Esc Anna Nery Rev Enferm.* 2010 abr-jun;14(2):230-35.
15. Silva IJ, Oliveira MF, Silva SED, Polaro SHI, Radünz V, Santos EKA, et al. Cuidado, autocuidado e cuidado de si: uma compreensão paradigmática para o cuidado de enfermagem. *Rev Esc Enferm USP* [Online]. 2009;43(3):697-703. Disponível em: <http://www.revistas.usp.br/reeusp/article/view/40411/43389>
16. Cotidiano. *Dicionário Priberam da Língua Portuguesa* [em linha], 2008-2013 [Homepage]. [acesso em 2014 set. 04] Disponível em: <http://www.priberam.pt/dlpo/cotidiano>.
17. Sell CT, Betell BT, Nascimento ERP, Padilha MI, Carvalho JB. Alterações na dinâmica familiar com a hospitalização em unidade de terapia intensiva. *Rev enferm UERJ.* 2012;20(4):488-92.
18. Comasseto I, Enders BC. Fenômeno vivido por familiares de pacientes internados em unidade de terapia intensiva. *Rev Gaúch Enferm.* 2009;30(1):46-53.
19. Jodelet D. *Loucuras e representações sociais*. Petrópolis: Vozes; 2005.
20. Frizon G, Nascimento ERP, Bertoncello KCG, Martins JJ. Familiares na sala de espera de uma unidade de terapia intensiva: sentimentos revelados. *Rev Gaúch Enferm.* 2011 mar;32(1):72-8.
21. Costa JB, Felicetti CR, Costa CRLM, Miglioranza DC, Osaku EF, Versa GLGS, et al. Fatores estressantes para familiares de pacientes criticamente enfermos de uma unidade de terapia intensiva. *J Bras Psiquiatr.* 2010;59(3):182-89.
22. Almeida AS, Aragão NRO, Moura E, Lima GC, Hora EC, Silva LASM. Sentimentos dos familiares em relação ao paciente internado na unidade de terapia intensiva. *Rev Bras Enferm.* 2009 nov-dez;62(6):844-9.

23. Vieira JM, Matos KAP, Andrade-Barbosa TL, Xavier-Gomes LM. Sentimentos vivenciados por familiares de pacientes internados no centro de terapia intensiva adulto. *Rev Cuba Enferm.* 2013;29(1):18-28.
24. Freitas KS, Mussi FC, Menezes IG. Desconfortos Vividos no Cotidiano de Familiares de Pessoas Internadas na UTI. *Esc Anna Nery (impr).* 2012 out-dez;16(4):704-11.
25. Alves MVMFF, Cordeiro JG, Luppi CHP, MJT Nitsche MJT, Olbrich SRLR. Experiência vivida pelos familiares com a internação de crianças na unidade de terapia intensiva. *Invest Educ Enferm.* 2013 may-aug;31(2):191-200.
26. Chavaglia SRR, Borges CM, Amaral EMS, Iwamoto HH, Ohl RIB. Ambiente do centro de terapia intensiva e o trabalho da equipe de enfermagem. *Rev Gaúch Enferm.* 2011 dez; 32(4):654-61.
27. Reis, SLA, Bellini, LM. Representações sociais como teoria e instrumento metodológico para a pesquisa em educação ambiental. *Revista Reflexão e Ação.* 2013 jan-jun;21(1):276-94.
28. Schleder LP, Parejo LS, Puggina AC, Silva MJP. Espiritualidade dos familiares de pacientes internados em unidade de terapia intensiva. *Acta Paul Enferm.* 2013; 26(1):71-8.
29. Lima AB, Santa Rosa DO. O sentido de vida do familiar do paciente crítico. *Rev Esc Enferm USP,* 2008;42(3):547-53.
30. Carmo TMD, Botelho LD, Moura JP, Souza NR, Goulart MJP, Pereira LC. Sentimentos expressados pelos pais de crianças e adolescentes com diagnostico de câncer. *Ciência et Praxis;* 2010 jul-dez;3(6):53-6.
31. Maruiti MR, Galdeano LE, Farah OGD. Ansiedade e depressão em familiares de pacientes internados em unidade de cuidados intensivos. *Acta Paul Enferm.* 2008;21(4):636-42.

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